MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11871

11869

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 1 Hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN California
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Joyce (Middle) Marie (Last) Armbruster

4. DATE OF DEATH: (Month) Dec (Day) 30 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: Nov 22 1954 | 9. AGE last birthday yrs. | IF UNDER 1 YEAR Months 1 Days 9 | IF UNDER 24 HRS. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Donald L. Armbruster

14. MOTHER'S MAIDEN NAME: Lois Cunningham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Donald L. Armbruster California Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4 IMMEDIATE CAUSE (A) DUE TO Congenital heart disease — INTERVAL BETWEEN ONSET AND DEATH 1/3 months

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. acute bronchitis — 2 days

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 30, 1954, to Dec 30, 1954, that I last saw the deceased alive on Dec 30, 1954, and that death occurred at 10 A M, from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS Great Mills Md DATE SIGNED Dec 31 54

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial | DATE THEREOF Dec 31-54 | NAME OF CEMETERY OR CREMATORY Holy Face | LOCATION (City, town, or county) (State) Great Mills Md

DATE REC'D BY LOCAL REGISTRAR Dec 31/54 | REGISTRAR'S SIGNATURE [illegible] Mrs | 24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

20X4664274

RECEIVED
JAN 5 1955
BUREAU V. S.

11870

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11872

Reg. Dist. No. 2-6

1. PLACE OF DEATH: COUNTY St. Mary's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Bushwood — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Bushwood
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Lee (Last) Arnold
4. DATE OF DEATH: (Month) 12 (Day) 28 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9-15-1867
9. AGE last birthday: 87 (87) yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boatman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Richard Arnold
14. MOTHER'S MAIDEN NAME: Mary Cheseldine
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: John Joseph Arnold

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334X

Immediate cause (a) Cerebral Apoplexy

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute illness

(c) Coronary Thrombosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-24-54, to 12-28-54, that I last saw the deceased alive on 12-27-54, and that death occurred at 1 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Robert V. Palen M.D. Arnold 12-29-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12-31-54 — NAME OF CEMETERY OR CREMATORY: Sacred Heart — LOCATION (City, town, or county) (State): Bushwood Md.

DATE REC'D BY LOCAL REG. 12-29-54 — REGISTRAR'S SIGNATURE: Robert V. Palen

24. FUNERAL DIRECTOR — ADDRESS: Joseph E. Mattingly Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11873

11871 CERTIFICATE OF DEATH

Reg. Dist. No. 782

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Saint Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Saint Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakville
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Maggie (Middle) (Last) Barber

4. DATE OF DEATH: (Month) (Day) (Year) 12 / 17 / 54

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Sandy Gordon

14. MOTHER'S MAIDEN NAME: Kitty Blackiston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Florance Hebb::: Oakville, Maryland.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 d

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 13, 1954, to Dec 17, 1954, that I last saw the deceased alive on Dec 17, 1954, and that death occurred at 3:55 M, from the causes and on the date stated above.

SIGNATURE J Roy Smythers M. D. ADDRESS Mechanicsville DATE SIGNED 12/18/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12 / 20 / 54 — NAME OF CEMETERY OR CREMATORY Holy Face Cemetery — LOCATION (City, town, or county) (State) Great Mills, Maryland

DATE REC'D BY LOCAL REGISTRAR 12/20/54 — REGISTRAR'S SIGNATURE Robt. J. Lackey

24. FUNERAL DIRECTOR P. B. Robinson — ADDRESS Leonardtown, Md.

RECEIVED
DEC 27 1954
BUREAU V. S.

11872 11874

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Valley Lee
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) John (Middle) Chauncey (Last) Bennett
4. DATE OF DEATH (Month) Dec (Day) 16 (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept 9-1924
9. AGE last birthday: 30 yrs. IF UNDER 1 YEAR: Months 3 Days 30 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Labor by the day
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Peter Bennett
14. MOTHER'S MAIDEN NAME: Mary E Brisco

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Army.
16. SOCIAL SECURITY No.: 219-16-1890
17. INFORMANT & ADDRESS: Mrs Mary E. Bennett Valley Lee Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushed head, neck + Chest — minutes
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

912.2

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: none
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc. INJURY) Gravel pit
21c. (City or town) Great Mills (County) St Marys (State) Maryland
21d. TIME (Month) OF INJURY (Day) 12 (Year) 16 54 (Hour) 2 P.M.
21e. INJURY OCCURRED While at work ☒ Not while at work ☐
21f. HOW DID INJURY OCCUR? Crushed in drum of machine at work.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John C Law M.D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12/17/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 12-20-54
NAME OF CEMETERY OR CREMATORY Bethesda
LOCATION (City, town, or county) Valley Lee (State) Md
DATE REC'D BY LOCAL REG. 12/20/54
REGISTRAR'S SIGNATURE Robt L. Locke
24. FUNERAL DIRECTOR John C. Mattingly
ADDRESS Leonardtown Md

VS. A15A - 5 - 53

RECEIVED
DEC 23 1954
BUREAU V. S.

11873

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11875

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY St Marys — MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hermanville; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hermanville; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (First) Ida (Middle) Mae (Last) Brown

4. DATE OF DEATH: (Month) Dec (Day) 1 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: Jan 6 1881

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months 10 Days 24 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Barnes

14. MOTHER'S MAIDEN NAME: Mary Mathews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Mrs Nannette Jackson 5713 Sheriff Road NE Fairmont Heights Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

IMMEDIATE CAUSE (A) Coronary occlusion

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis

DUE TO (C) Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19..... , to 12-1 , 19 54, that I last saw the deceased alive on ..... , 19..... and that death occurred at 11:56 M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. p/m ADDRESS Judd Mills DATE SIGNED 12-3-54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Dec 4 1954

NAME OF CEMETERY OR CREMATORY Holy Face

LOCATION (City, town, or county) Great Mills (State) Md

DATE REC'D BY LOCAL REGISTRAR 12-4-1954

REGISTRAR'S SIGNATURE P J Beane M.D. Local Registrar

24. FUNERAL DIRECTOR, ADDRESS Jos C Mattingly Leonardtown Md

RECEIVED
DEC 9 1934
BUREAU V. S.

11874

11875
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Saint Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rt. 235, Lexington Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Saint Mary's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN St. Inigoes
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) Eugene (Last) Chisley

4. DATE OF DEATH (Month) 12 (Day) 25 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3 / 17 / 1925

9. AGE last birthday: 29 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Fireman

10b. KIND OF BUSINESS OR INDUSTRY: Civil Service

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Chisley

14. MOTHER'S MAIDEN NAME: Alice Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1944 to 1946

16. SOCIAL SECURITY NO.: 220-16-8763

17. INFORMANT & ADDRESS: Catherine Chisley :: St. Inigoes, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Compound Fracture of Skull DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: instant

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: None

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Rt. 235

21c. (City or town) Lexington Park (County) St. Mary's (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 12 25 54 6:30 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Car turned over

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 12/27/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 12/29/1954

NAME OF CEMETERY OR CREMATORY St. Peters Cemetery

LOCATION (City, town, or county) (State) Ridge, Maryland

DATE REC'D BY LOCAL REG. 12-27-54

REGISTRAR'S SIGNATURE O. J. Bean, M.D. Local

24. FUNERAL DIRECTOR P. B. Robinson :;: Leonardtown, Md.

ADDRESS

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11877

11875 CERTIFICATE OF DEATH Reg. Dist. No. 281

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—1M-53

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Marys City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Marys City
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (First) Joseph (Middle) Paul (Last) Holiskey
4. DATE OF DEATH: (Month) 12 (Day) 28 (Year) 1954
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH 9/8/1875
9. AGE (Last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hrs Min 79
10A. OCCUPATION (Give kind of work done during most of working life even if retired) Farming
10B. KIND OF BUSINESS OR INDUSTRY Farm owner
11. BIRTHPLACE (State or foreign country) Austria
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Holiskey
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes, give war or dates of service no
16. SOCIAL SECURITY NO. -------
17. INFORMANT & ADDRESS. Mary Holiskey - St. Marys City, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Coronary Occlusion	1 day
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Generalized arterio-sclerosis	10 yrs.
	(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Smoking

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) None
21C. WHERE DID INJURY OCCUR? (City or town) None (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐ None
21F. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Dec. 28, 19 54, to Dec. 28, 19 54, that I last saw the deceased alive on , 19 , and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Leonardtown, Md. DATE SIGNED 12/28/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12/30/54
NAME OF CEMETERY OR CREMATORY St. James
LOCATION (City, town, or county) (State) St. Marys City, Md.

DATE REC'D BY LOCAL REGISTRAR 12-28-54
REGISTRAR'S SIGNATURE [signature] Local Registrar
24. FUNERAL DIRECTOR P.B. Robinson - Leonardtown, Md. ADDRESS

11876

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 11878

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Saint Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Goochland
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Sabot
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year) December 18, 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Colored	Divorced	? 1891	63 ? yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook	Saw Mill	Virginia	U.S.A.

13. FATHER'S NAME: Thomas Johnson

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
---	-----	----	James H. Bates -1132 Catherine St. Richmond, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) fracture of cervical spine — Interval between Onset and Death: instantaneous

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: compound fracture of left tibia

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
none		Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	Car # 246	Leonardtown, St. Mary's, Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR?
12 18 54 9:45 P. M.		struck by auto

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ — DATE SIGNED 12/18/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/22/54	Shallowell	Shallowell, Virginia.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12/20/54	Robert F. Tocke.	John G. Ellis - Perkinsville, Virginia.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11877

CERTIFICATE OF DEATH

Reg. Dist. No. 11879

1. PLACE OF DEATH
COUNTY St. Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beachville
MARYLAND
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY St.Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beachville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Bevins (Middle) (Last) Morris

4. DATE OF DEATH (Month) Dec. (Day) 26, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Nov.17,1880

9. AGE last birthday IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.: 74 yrs | 1 | 10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10B. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bevins Morris

14. MOTHER'S MAIDEN NAME: Lydia A. Dreper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ------- (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO ---------

17. INFORMANT & ADDRESS: John B.Morris Beachville,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSE (B) DUE TO: Arterio-sclerosis — 5 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 11, 1954, to Dec 26, 1954, that I last saw the deceased alive on Dec 26, 1954, and that death occurred at 9,05 A M, from the causes and on the date stated above.

SIGNATURE AND M.D. [signature] ADDRESS Great Mills Md DATE SIGNED Dec 27/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Dec,28,1954

NAME OF CEMETERY OR CREMATORY: Trinty

LOCATION (City, town, or county) (State): St.Mary's City, Md.

DATE REC'D BY LOCAL REGISTRAR: Dec 27/54

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR: Jos.C.Mattingley

ADDRESS: Leonardtown,Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11884

11878

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hollywood; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hollywood; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) Elizabeth (Last) Newton

4. DATE OF DEATH: (Month) Dec. (Day) 3 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH. Feb. 19 1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months 9 Days 13 IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Althea Goldsborough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Jos. Glen Wallace Hollywood

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Coronary thrombosis

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH: 5 min.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic prostatitis

2 days

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1953, to [illegible], 1954, that I last saw the deceased alive on Nov 30, 1954, and that death occurred at 7 P M, from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS [illegible] DATE SIGNED 12/6/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Dec. 6 1954

NAME OF CEMETERY OR CREMATORY St John's

LOCATION (City, town, or county) Hollywood (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12-6-1954

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Jos. C. Mattingly ADDRESS Leonardtown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11881

11879 **CERTIFICATE OF DEATH** Reg. Dist. No. 787

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY St Marys MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown; LENGTH OF STAY (in this place) 10 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clamon; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) William (Middle) Franklin (Last) Norris

4. DATE OF DEATH: (Month) Dec (Day) 7 (Year) 1954

5. SEX: Male; 6. COLOR OR RACE: White; 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married; 8. DATE OF BIRTH: Feb 22 1877; 9. AGE last birthday: 77 yrs; IF UNDER 1 YEAR: Months 9 Days 15; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant; 10B. KIND OF BUSINESS OR INDUSTRY: for self

11. BIRTHPLACE (State or foreign country): Maryland St Marys; 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Norris

14. MOTHER'S MAIDEN NAME: Emma Stone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-18-0505

17. INFORMANT & ADDRESS: Lloyd Norris Scotland Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Senility — INTERVAL BETWEEN ONSET AND DEATH: 10 yr.

ANTECEDENT CAUSE (B) DUE TO Duodenal Obstruction — 10 yr

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Hypertension of Prostate Gland — 1 month

19A. DATE OF OPERATION: 12/5/54; 19B. MAJOR FINDINGS OF OPERATION: Prostate Gland Enlargement

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER); 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) Home; 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) Leonardtown

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.; 21E. INJURY OCCURRED While at work ☐ Not while at work ☐; 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/5, 1954, to 12/7, 1954, that I last saw the deceased alive on 12/7 1954, and that death occurred at 12:15 M, from the causes and on the date stated above.

SIGNATURE John C. Lane M.D. ADDRESS Leonardtown Md DATE SIGNED 12/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 12-10-54; NAME OF CEMETERY OR CREMATORY St Mary's; LOCATION (City, town, or county) (State) St Mary's City Md

DATE REC'D BY LOCAL REGISTRAR 12/10/54; REGISTRAR'S SIGNATURE Ruth J. Roche; 24. FUNERAL DIRECTOR Jos C. Mattingly; ADDRESS Leonardtown Md

DEC 1: 1964
BUREAU V. S

11880

11882
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. . . . . .

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Callaway
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY St. Mary's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural Abell
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) James (Middle) Benjamin (Last) Owens
4. DATE OF DEATH (Month) Dec. (Day) 25, (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Oct. 4, 1897	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Storekeeper	Store	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Benjamin I. Owens	Lucy Rebecca Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	220-32-6675	Willie Lee Owens Abell, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Multiple skull injuries — INTERVAL BETWEEN ONSET AND DEATH: instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
none		Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Highway 5	21c. (City or town) Callaway	(County) St. Mary's	(State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 12 25 54 6 P.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?	Car hit tree	

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12/26/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-28-54	Sacred Heart	Bushwood Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 27/54	[signature] Local Registrar	Jos. C. Mattingly	Leonardtown, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11883

~~11881~~

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St Georges Island
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St Georges Island
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) Beatrice (Last) Rice

4. DATE OF DEATH: (Month) Dec (Day) 5 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Oct 6 1896

9. AGE last birthday 58 yrs. IF UNDER 1 YEAR Months — Days 30 IF UNDER 24 HRS. Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): House wife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wesley Chesser

14. MOTHER'S MAIDEN NAME: Nancy Hobbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT'S ADDRESS: Noble Rice St George Island

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) DUE TO Hypertension — 10 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) none

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) none

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M none

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Jan, 1950, to 12/5, 1954, that I last saw the deceased alive on 12/4, 1954, and that death occurred at 1 A. M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS Crisfield Md DATE SIGNED 12/5/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12/7/54 — NAME OF CEMETERY OR CREMATORY Methodist ME. — LOCATION (City, town, or county) St Georges Island MD (State)

DATE REC'D BY LOCAL REGISTRAR 12-6-54 — REGISTRAR'S SIGNATURE [signature] Local Registrar

24. FUNERAL DIRECTOR Jos C. Mallonee & Son — ADDRESS Leonardtown Md

11882

Items 18-22
Film 31 [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 11861

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 21

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 230 Chinglee Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lexington Park
STREET ADDRESS (If rural, give location) 230 Chinglee Drive

3. NAME OF DECEASED: (Type or Print) (First) Alene (Middle) LeVerne (Last) Schoestein

4. DATE OF DEATH (Month) 12/23/ (Day) (Year) 19 54

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 11/9/1919

9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Angus Goodman

14. MOTHER'S MAIDEN NAME: Christina LaMont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY NO.: -----

17. INFORMANT & ADDRESS: Mrs. Walter J. Vallie - 3101 Sanford St. Muskegon, Michigan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

974X

Immediate cause (a) [illegible] DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Dislocation of cervical spine DUE TO

(c) Hanging

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home

21c. (City or town) Lexington Park (County) St. Mary's (State) Md

21d. TIME OF INJURY (Month) 12 (Day) 23 (Year) 54 (Hour) 5 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? found hanged by neck.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☑, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 12/24/54

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation

DATE THEREOF 12-27-54

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Muskegon, Michigan

DATE REC'D BY LOCAL REG. 12-27-54

REGISTRAR'S SIGNATURE [signature] M.D.

24. FUNERAL DIRECTOR ADDRESS P.B. Robinson - Leonardtown, Maryland.

Local

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

11883

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 11885

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Leonardtown
LENGTH OF STAY (in this place) 18 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY St. Mary's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Drayden
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Rosie (Middle) (Last) Smith
4. DATE OF DEATH (Month) Dec. (Day) 27, (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Colored	Widow	Nov. 6, 1909	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housework	Home	Maryland	U.S.A.

13. FATHER'S NAME: George Whalen
14. MOTHER'S MAIDEN NAME: Sarha Gladon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
N	213-28-2409	Marion A. Brown Drayden, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Fractured Skull DUE TO	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hemorrhage of scalp

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
none		

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY Highway	21c. (City or town) Leonardtown (County) St. Mary's (State) Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
12 26 54 P.M.		auto accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John C. Lane M. D.
CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12/28/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 29, 54	St. Marks	Valley Lee, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 28/54	M. Dennis Asst. Registrar	Jos. C. Mattingley	Leonardtown, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11886

11884

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Leonardtown Md — LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Alms House — Rural

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Wood
STREET ADDRESS (If rural give location) R. F. D. # 1

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) F (Last) Thompson

4. DATE OF DEATH: (Month) Dec (Day) 5th (Year) 1954

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single — 8. DATE OF BIRTH: — 9. AGE last birthday 87 yrs. — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer — 10B. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): St Mary's Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown — 14. MOTHER'S MAIDEN NAME. Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO — 17. INFORMANT & ADDRESS: Niece Road Leonardtown Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Vascular accident — DUE TO — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) Arterio Sclerosis — DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: C — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1-, 1954, to 12-5-, 1954, that I last saw the deceased alive on 12-4-, 1954, and that death occurred at 7:00 A.M., from the causes and on the date stated above.
SIGNATURE M.D. — ADDRESS Dent Mills, Md. — DATE SIGNED 12-6-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12-9-54 — NAME OF CEMETERY OR CREMATORY St Johns — LOCATION (City, town, or county) (State) Holly Wood Md

DATE REC'D BY LOCAL REGISTRAR 12-6-54 — REGISTRAR'S SIGNATURE M.D. Local Registrar — 24. FUNERAL DIRECTOR Jos C. Mattingly — ADDRESS Leonardtown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11887

11885 **CERTIFICATE OF DEATH** Reg. Dist. No. 281

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Saint Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown X
LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Saint Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridge X
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Duglas (Last) Unkle

4. DATE OF DEATH: (Month) 12 (Day) 10 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed
8. DATE OF BIRTH: 3 / 22 / 1871
9. AGE last birthday 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: construction
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Unkle
14. MOTHER'S MAIDEN NAME: Mary C. Osborne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. - - - -
17. INFORMANT & ADDRESS: Mary E. Tippett - Ridge, Maryland.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (B) DUE TO Generalized arterio-sclerosis — 10 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) none
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) none

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. none
21E. INJURY OCCURRED While at work ☐ Not while at work ☐ none
21F. HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 12/9, 19 54, to 12/10, 19 54, that I last saw the deceased alive on 12/10, 19 54, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE William L. Law M.D. ADDRESS Leonardtown, Md DATE SIGNED 12/11/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12-15-54
NAME OF CEMETERY OR CREMATORY St. Michaels Cemetery
LOCATION (City, town, or county) (State) Ridge, Maryland

DATE REC'D BY LOCAL REGISTRAR 12/13/54
REGISTRAR'S SIGNATURE C.J. Bean, M.D. Local Registrar
24. FUNERAL DIRECTOR ADDRESS P.B. Robinson - Leonardtown, Md.

RECEIVED
DEC 15 1954
BUREAU V. S.

11888

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 11888

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scotland
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Scotland
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Percy (Last) Yeatman

4. DATE OF DEATH (Month) 12 (Day) 25 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 2/14/1876

9. AGE Last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during best of work life, even if retired) Fisherman

10b. KIND OF BUSINESS OR INDUSTRY Sea Food

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Yeatman

14. MOTHER'S MAIDEN NAME: Maria Lamb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Lenox Yeatman- St. Inigoes, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: unknown

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Generalized Arteriosclerosis — 20 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. None

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY None

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY None M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 12/28/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 12-28-54

NAME OF CEMETERY OR CREMATORY St. Michaels

LOCATION (City, town, or county) (State) Bridge Md.

DATE REC'D BY LOCAL REG. 12-27-54

REGISTRAR'S SIGNATURE D. J. Bean M.D.

24. FUNERAL DIRECTOR C. B. Robinson

ADDRESS Leonardtown Md.

Local

RECEIVED
DEC 29 1954
BUREAU V. S.